

<i>SERFF Tracking Number:</i>	<i>TRVE-125512207</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>St. Paul Mercury Insurance</i>	<i>State Tracking Number:</i>	<i>#? \$?</i>
<i>Company Tracking Number:</i>	<i>2008-01-0005-LIA-R</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Terrorism Risk Insurance Act Rate Filing 2008-01-0005</i>		
<i>Project Name/Number:</i>	<i>Terrorism Risk Insurance Act Rate Filing 2008-01-0005/2008-01-0005</i>		

Filing at a Glance

Company: St. Paul Mercury Insurance

Product Name: Terrorism Risk Insurance Act SERFF Tr Num: TRVE-125512207 State: Arkansas

Rate Filing 2008-01-0005

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #? \$?

Made/Occurrence

Sub-TOI: 17.0000 Other Liability Sub-TOI Co Tr Num: 2008-01-0005-LIA-R State Status: Fees verified and received

Combinations Filing Type: Rate/Rule Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Authors: Socorro Armstrong, Disposition Date: 03/13/2008

Theresa Lavenburg, Michelle Smith

Cotto, Celina Caez

Date Submitted: 02/28/2008 Disposition Status: Accepted For Informational Purposes

Effective Date Requested (New): 04/01/2008

Effective Date Requested (Renewal): 04/01/2008

State Filing Description:

General Information

Project Name: Terrorism Risk Insurance Act Rate Filing 2008-01-0005 Status of Filing in Domicile:

Project Number: 2008-01-0005

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/13/2008

State Status Changed: 03/13/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

In compliance with the insurance laws and regulations of your state, we request to revise several of our filed and approved rate and rule plans on behalf of St. Paul Mercury Insurance Company.

SERFF Tracking Number: TRVE-125512207 State: Arkansas

Filing Company: St. Paul Mercury Insurance State Tracking Number: #? \$?

Company Tracking Number: 2008-01-0005-LIA-R

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations

Product Name: Terrorism Risk Insurance Act Rate Filing 2008-01-0005

Project Name/Number: Terrorism Risk Insurance Act Rate Filing 2008-01-0005/2008-01-0005

Rate Impact:

This filing will not have a rate impact.

Company and Contact

Filing Contact Information

Michelle Smith Cotto, Regulatory Analyst MSMITHCO@travelers.com
 One Tower Square (860) 277-2345 [Phone]
 Hartford, CT 06183 (860) 235-4951[FAX]

Filing Company Information

St. Paul Mercury Insurance CoCode: 24791 State of Domicile: Minnesota
 One Tower Square, 2S2B Group Code: 3548 Company Type:
 Hartford, CT 06183 Group Name: State ID Number:
 (860) 277-4045 ext. [Phone] FEIN Number: 41-0881659

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
St. Paul Mercury Insurance	\$0.00	02/28/2008	

SERFF Tracking Number: TRVE-125512207 State: Arkansas
Filing Company: St. Paul Mercury Insurance State Tracking Number: #? \$?
Company Tracking Number: 2008-01-0005-LIA-R
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Terrorism Risk Insurance Act Rate Filing 2008-01-0005
Project Name/Number: Terrorism Risk Insurance Act Rate Filing 2008-01-0005/2008-01-0005

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Edith Roberts Informational Purposes		03/13/2008	03/13/2008

SERFF Tracking Number: TRVE-125512207 *State:* Arkansas
Filing Company: St. Paul Mercury Insurance *State Tracking Number:* #? \$?
Company Tracking Number: 2008-01-0005-LIA-R
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0000 Other Liability Sub-TOI Combinations
Product Name: Terrorism Risk Insurance Act Rate Filing 2008-01-0005
Project Name/Number: Terrorism Risk Insurance Act Rate Filing 2008-01-0005/2008-01-0005

Disposition

Disposition Date: 03/13/2008

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>TRVE-125512207</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>St. Paul Mercury Insurance</i>	<i>State Tracking Number:</i>	<i>#? \$?</i>
<i>Company Tracking Number:</i>	<i>2008-01-0005-LIA-R</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Terrorism Risk Insurance Act Rate Filing 2008-01-0005</i>		
<i>Project Name/Number:</i>	<i>Terrorism Risk Insurance Act Rate Filing 2008-01-0005/2008-01-0005</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Supporting Document	PC NAIC	Accepted for Informational Purposes	Yes

<i>SERFF Tracking Number:</i>	<i>TRVE-125512207</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>St. Paul Mercury Insurance</i>	<i>State Tracking Number:</i>	<i>#? \$?</i>
<i>Company Tracking Number:</i>	<i>2008-01-0005-LIA-R</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Terrorism Risk Insurance Act Rate Filing 2008-01-0005</i>		
<i>Project Name/Number:</i>	<i>Terrorism Risk Insurance Act Rate Filing 2008-01-0005/2008-01-0005</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVE-125512207 State: Arkansas
Filing Company: St. Paul Mercury Insurance State Tracking Number: #? \$?
Company Tracking Number: 2008-01-0005-LIA-R
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Terrorism Risk Insurance Act Rate Filing 2008-01-0005
Project Name/Number: Terrorism Risk Insurance Act Rate Filing 2008-01-0005/2008-01-0005

Supporting Document Schedules

Satisfied -Name: Cover Letter
Review Status: Accepted for Informational 03/13/2008
Purposes

Comments:

Attachment:

AR-2008-01-0005-LIA-Rates.ltrs.pdf

Satisfied -Name: PC NAIC
Review Status: Accepted for Informational 03/13/2008
Purposes

Comments:

Attachment:

AR Expedited Transmittal.RR.pdf



One Tower Square, 2SHS
Hartford, CT 06183

Michelle Smith Cotto
Travelers Bond and Financial Products
Phone: (860) 277-2345
FAX: (866) 235-4951
Email: msmithco@travelers.com

February 28, 2008

Honorable Mike Pickens
Commissioner of Insurance
Arkansas Insurance Dept
1200 West Third Street
Little Rock, AR 72201-1904

2008-01-0005 LIA
Liability
Terrorism
Rate & Rule Filing

St. Paul Mercury Insurance Company

3548-24791

In compliance with the insurance laws and regulations of your state, we request to revise several of our filed and approved rate and rule plans on behalf of St. Paul Mercury Insurance Company.

Purpose:

We respectfully request to withdraw the current approved Terrorism portion of our rate and rule plans for the proceeding specified programs. This filing revision will affect the following filings:

St. Paul Mercury Insurance:

2002-12-0029 TRIA;	55798SOIC
Employment Practices Liability;	44798AEPL
Nonprofit Organization Liability Including Employment Practices Liability;	44798NP
Directors & Officers Liability and Employment Practices Liability Policy including Company Coverage;	44798PC
Bankers Professional Liability Policy;	44798BPL
Employment Practices Liability Rating Plan;	44798SEPL
Fiduciary Liability;	44798FL
Directors & Officers Liability and Corporate Indemnification Policy;	44798DOA
Insurance Company Errors and Omissions Rating Plan;	44798IC
Investment Management Liability;	44798IM
Executive Choice for Private Companies; and	44798EX

Non-Profit Corporation and Directors, Officers and Corporate
Indemnification Policy

44798DONP

Rate Impact:

This filing will not have a rate impact.

Enclosures and Implementation

The following are enclosed to facilitate your review:

- Any applicable state filing forms and fees.

We propose to implement this filing with respect to all new and renewal businesses effective on or after April 1, 2008. Should you have any questions, please feel free to call me at (860) 277-2345.

Sincerely,

Michelle Smith Otto

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) AR

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
St. Paul Mercury Insurance Company	MN	3548-24791	41-0881659

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Michelle Smith Cotto One Tower Square, S202B Hartford, CT 06183	860-277-2345	860-235-4951	msmithco@travelers.com

Filing information

Line of Insurance (see attachment)	17.0 Other Liability
Company Program Title (Marketing title) (if applicable)	SelectOne; Fiduciary; Bankers Prof Liab; EPL; DO; CU
Filing Type ** see note below	Rate/Rule
This application is used with:	See cover letter
Effective Date Requested	04/01/2008
Filing date	02/28/2008
Company Tracking Number	NA
Date filing approved in domiciliary state, if applicable	Not Approved yet. Filed on same date as this filing.

	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01	Terrorism Risk Rate Page	55798SOIC	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029
02	Terrorism Risk Rate Page	44798LEPL	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029
03	Terrorism Risk Rate Page	44798AEPL	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029
04	Terrorism Risk Rate Page	44798NP	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029
05	Terrorism Risk Rate Page	44798PC	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029
06	Terrorism Risk Rate Page	44798BPL	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029
07	Terrorism Risk Rate Page	44798SEPL	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029
08	Terrorism Risk Rate Page	44798FL	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029
09	Terrorism Risk Rate Page	44798DOA	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029
10	Terrorism Risk Rate Page	44798IC	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029

11	Terrorism Risk Rate Page	44798IM	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029
12	Terrorism Risk Rate Page	44798EX	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029
13	Terrorism Risk Rate Page	44798DONP	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029

To be complete, a form filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state;
and is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Michelle Smith Cotto
Signature

Michelle Smith Cotto
Print Name

Senior Regulatory Analyst
Title